2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2014
Secretary of State
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Entity Name: EMERALD COAST MEDICAL SUPPLIES LLC.

Current Principal Place of Business:

48 BALD EAGLE DRIVE
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

48 BALD EAGLE DRIVE
SANTA ROSA BEACH, FL 32459

FEI Number: 46-2958587

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FOSTER, TARA
48 BALD EAGLE DRIVE
SANTA ROSA BEACH, FL 32459 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM
Name	FOSTER, SAMUEL
Address	48 BALD EAGLE DRIVE
City-State-Zip:	SANTA ROSA BEACH FL 32459

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL FOSTER MANAGER 03/22/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date